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FACSIMILE TRANSMITTAL SHEET

Deliver to: Examiner Jasmine Song, Art Unit 2188
Firm Name: U.S. Patent & Trademark Office
Fax Number: 703-746-7239
From: John P. Ward **Operator:** Anne Collette
Date: March 2, 2005
App. No.: 09/827,134
No. of pages: 21 (including cover sheet)
Client/Matter: 42390.P9599 **Docket Date:** 3/2/2005 **Atty:** CTF

Dear Examiner:

Please find the following document(s) attached:

- 1) Transmittal Form (1 page)
- 2) Fee Transmittal (1 page)
- 3) Response to Office Action (7 pages)
- 4) Information Disclosure Statement (2 pages)
- 5) Form PTO-1449 (1 page)
- 6) One cited reference (8 pages)

Thank you.

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By: <u>Anne Collette</u> Anne Collette	Date: <u>March 2, 2005</u>

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

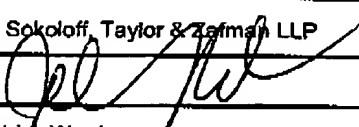
(to be used for all correspondence after initial filing)

		Application Number	09/827,134
		Filing Date	April 3, 2001
		First Named Inventor	Sanjay S. Talreja et al.
		Art Unit	2188
		Examiner Name	Jasmine Song
Total Number of Pages in This Submission	19	Attorney Docket Number	42390P9599

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	One (1) cited reference.	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Blakely, Sokoloff, Taylor & Zafman LLP		
Signature			
Printed name	John Patrick Ward		
Date	March 2, 2005	Reg. No.	40,216

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Anne Collette	Date	March 2, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
(\$) 180.00**Complete if Known**

Application Number	09/827,134
Filing Date	April 3, 2001
First Named Inventor	Sanjay S. Talreja
Examiner Name	Jasmine Song
Art Unit	2188
Attorney Docket No.	42390P9599

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: **02-2666** Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEESFee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity	
Fee (\$)	Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total ClaimsExtra Claims Fee (\$) Fee Paid (\$)Multiple Dependent ClaimsFee (\$) Fee Paid (\$)- 20 or HP = x = _____

HP = highest number of total claims paid for, if greater than 20

Indep. ClaimsExtra Claims Fee (\$) Fee Paid (\$)Fee (\$) Fee Paid (\$)- 3 or HP = x = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

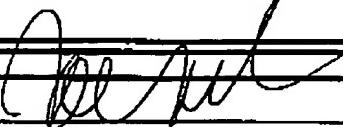
4. OTHER FEE(S)

1) Fee for submission of an Information Disclosure Statement (Fee Code 1806)

Fee Paid (\$)

180.00

SUBMITTED BY

Signature		Registration No. 40,216 (Attorney/Agent)	Telephone 408-420-8300
Name (Print/Type)	John Patrick Ward		Date March 2, 2005

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42390P9599

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MAR 02 2005

In re Application of:)
Sanjay S. Talreja et al.) Examiner: Song, Jasmine
Serial No.: 09/827,134) Art Unit: 2188
Filing Date: April 3, 2001)
For: STATUS REGISTER ARCHITECTURE FOR FLEXIBLE READ-)
WHILE-WRITE DEVICE)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Dear Madam:

In response to the Office Action mailed December 2, 2004, please enter the following amendments and consider the following remarks.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

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By: Anne Collette
Anne Collette

Date: March 2, 2005